ASHA
American
Speech-Language-Hearing
Association

October 28, 2022

The Honorable Ami Bera
U.S. House of Representatives
172 Cannon House Office Building
Washington, DC 20515

The Honorable Larry Bucshon
U.S. House of Representatives
2313 Rayburn House Office Building
Washington, DC 20515

RE: MACRA and Medicare Payment Request for Information

Dear Representatives Bera and Bucshon:

On behalf of the American Speech-Language-Hearing Association, I write in response to your Request for Information regarding a sustainable Medicare payment system and the current state of the Medicare ACCESS and CHIP Reauthorization Act (MACRA).

The American Speech-Language-Hearing Association (ASHA) is the national professional, scientific, and credentialing association for 223,000 members and affiliates who are audiologists; speech-language pathologists; speech, language, and hearing scientists; audiology and speech-language pathology support personnel; and students. Audiologists specialize in preventing and assessing hearing and balance disorders as well as providing audiologic treatment, including hearing aids. Speech-language pathologists (SLPs) identify, assess, and treat speech, language, swallowing, and cognitive-communication disorders.

ASHA agrees with your assessment that inadequacies in the Medicare payment system have resulted in insufficient provider reimbursement necessary to maintain and incentivize beneficiary access to quality care. ASHA shares your goal of modernizing the Medicare payment system to ensure stable and predictable reimbursement and maintain beneficiary access to quality care in a fiscally sustainable manner. The following responses to your questions provide ASHA's perspective on the effectiveness of MACRA, barriers to provider participation, success of value-based payment models, and recommendations to improve quality payment programs.

Effectiveness of MACRA

Challenges associated with the implementation of MACRA (Public Law 114-10) have slowed Medicare's transition to a payment system based on the quality of health care outcomes rather than the volume of services delivered. Currently , many audiologists and SLPs are precluded from participating in the Quality Payment Program (QPP), and nonphysician providers are still not fully integrated in the Merit-Based Incentive Payment System (MIPS). Other value-based payment concepts implemented through MACRA, including Advanced Alternative Payment Models (APMs), prioritize physicians over nonphysicians .

Barriers to Increasing Value in the U.S. Health Care System

MACRA established incentive payments to encourage clinicians to adopt risk-based models focused on lowering costs and improving quality of care. MACRA also included modest positive payment updates in the Medicare Physician Fee Schedule (MPFS). However, reductions to reimbursement resulting from the statutory Pay-As-You-Go Act (PAYGO), budget sequestration, and cuts to the MPFS conversion factor risk undermining MACRA's intended goal of improving clinical outcomes. This problem is exacerbated by the inability of incentive payments for APM or MIPS participation to offset these reductions.

These multiple factors result in steep cuts to payments for clinicians' services in an environment where all other sectors of the Medicare program beyond the MPFS are receiving positive payment updates to account for increasing costs. Several members of the Medicare Payment Advisory Commission expressed deep concerns about the challenges created by MACRA that leave clinicians without an adjustment during a period of high inflation. MACRA relies on a financially stable clinician workforce to achieve its goal of two-sided risk models in value-based payment arrangements. However, broader instability in the Medicare payment system undermines that goal.

ASHA recommends that Congress eliminate cuts to Medicare Part B reimbursement scheduled for 2023 by providing at least a 4.5% conversion factor adjustment for 2023, waiving the 4% statutory PAYGO requirement, reversing the 2% sequestration cut, and providing a one-year inflationary update based on the Medicare Economic Index. The MPFS is the only payment system within Medicare without an annual inflationary update. This can destabilize a clinician's ability to provide care to Medicare beneficiaries due to a wide range of shifting economic factors.

In a recent survey of almost 8,000 audiologists and SLPs with primary employment in a health care setting, 46% reported experiencing Medicare Part B payment reductions in the past two years, and 10% reported reducing the share of Medicare patients they can sustainably care for due to declining reimbursement. Furthermore, 26% had their work hours reduced due to budget cuts, while 39% took on additional employment to help cover personal expenses.

ASHA supports H.R. 8800, the Supporting Medicare Providers Act of 2022, which you have introduced, to eliminate the conversion factor adjustment for 2023 and appreciates your significant efforts to stop cuts to the conversion factor in 2021 and 2022. ASHA also believes that waiving the 4% statutory PAYGO cuts and pausing the 2% sequestration cuts in 2023 until longer-term payment reforms may be made is a necessary and critical step toward stabilizing provider payments and ensuring beneficiary access to the care that ASHA members furnish.

Increasing Provider Participation in Value-Based Payment Models

ASHA is committed to appropriate and thoughtful participation in the QPP including MIPS, APMs, and MIPS Value Pathways (MVPs). Under MIPS, ASHA members cannot participate in the promoting interoperability performance category because they cannot report on specific measures such as e-Prescribing (audiologists and SLPs are not authorized through their scopes of practice or state license to e-Prescribe) or the cost category because there is not an applicable cost measure. Audiologists and SLPs have been exempt from the promoting interoperability and cost performance category since their initial inclusion in MIPS in 2019. In addition, the specialty measure sets for audiology and speech-language pathology are not as robust as needed and include many generic measures, such as medication reconciliation. ASHA has had difficulty gaining approval for audiologists and SLPs to be included in additional quality measures from measure stewards. To date, no cost-based measures have been developed that are relevant to nonphysician clinicians.

These challenges may carry over to MVPs making it difficult to determine how audiologists and SLPs could participate in this track in the future. Because the Centers for Medicare & Medicaid Services (CMS) requires reporting of all four performance categories under MVPs, nonphysicians, such as audiologists and SLPs, will not be able to participate unless CMS modifies MVP requirements. In addition, ASHA expects that MVP developers would be hesitant

to include ASHA members as MVP participants—the same reluctance measure stewards have—which further reinforces ASHA's challenges with participating in MVPs. CMS has expressed an interest in transitioning from MIPS to MVPs as early as 2028, but such a transition might be premature.

Recommendations to Improve MIPS and APM Programs

ASHA stands ready to assist in the development of a MIPS and MVP structure that supports all clinicians. ASHA recommends that these programs be redesigned to ensure comprehensive quality measurement, which considers patient safety and quality of life and ties such measures to discrete episodes of care and specific providers to enable more accurate monitoring of utilization and overall quality of care.

The QPP is designed to encourage clinicians to participate in APMs, such as the Medicare Shared Savings Program (MSSP). Certain clinicians with sufficient participation in an Advanced APM may receive a 5% APM incentive payment instead of the MIPS payment adjustment. As a professional organization representing nonphysicians, very few audiologists and SLPs are eligible to participate in the MSSP. Those who are eligible typically qualify through their affiliation with larger health systems.

Furthermore, MACRA established mechanisms for stakeholder-informed development of APMs, such as the Physician-Focused Payment Model Technical Advisory Committee (PTAC). Unfortunately, PTAC has not been an effective conduit for the approval and implementation of such payment models. The Department of Health and Human Services has neither tested nor implemented a single proposal recommended by the panel. Harold Miller, a former PTAC member, described the panel as falling short of its congressional mandate, noting that, "I no longer believe that PTAC can be successful in advancing the development and implementation of good payment models. I am also deeply concerned that the PTAC process is being used to delay action on desirable stakeholder-developed payment models."[1]

ASHA recommends policymakers consider several improvements to APM design:

- bring a variety of clinicians, including nonphysicians, to the table when designing new models;
- explore upside-only risk models to ease transition from fee-for-service to value-based models;
- consider extension of APM incentive payments beyond 2022;
- adjust APM qualification thresholds downward to allow more providers to access these models; and
- ensure adequate and appropriate risk adjustment to ensure patients with chronic conditions are not excluded.

Conclusion

ASHA supports incentivizing high-quality, value-based care through reforms to Medicare payment systems. However, significant fluctuations in Medicare reimbursement—including changes to the MPFS, statutory PAYGO, and sequestration—will further erode the financial stability of audiology and speech-language pathology practices; thereby, limiting beneficiary access to critical care and undermining efforts to base Medicare payments on quality rather than volume. This will prevent ASHA's members, and many other physician and nonphysician providers, from providing the necessary diagnostic and treatment services to ensure the health

and well-being of America's seniors, which results in unmet needs and higher health care costs.

ASHA appreciates the opportunity to provide feedback on ways to stabilize the Medicare payment system and improve quality of care through incentive payment programs and looks forward to working with you and the committees of jurisdiction on these issues. If you or your staff have any questions, please contact Josh Krantz, ASHA's director of federal affairs, health care, at jkrantz@asha.org.

Sincerely,

Judy Rich

Judy Rich, EdD, CCC-SLP, BCS-CL
2022 ASHA President

[1] Center for Healthcare Quality & Payment Reform. (2019). *Miller Resignation form*. https://chqpr.org/downloads/Miller_Resignation_from_PTAC.pdf